

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/19/03.

I. DISPUTE

Whether there should be reimbursement for dates of service 3/13/03 and 4/10/03.

II. RATIONALE

Date of Service 3/13/03; CPT code 99213

The Requestor billed \$77.00 for the office visit of 3/13/03. According to the TWCC 1996 Medical Fee Guideline, the MAR is \$48.00. The Carrier reimbursed \$0.00. The Carrier has denied reimbursement as “N 1 – Not appropriately documented. F 2 – This charge has been reimbursed according to the appropriate fee schedule or usual and customary value.

The “N” denial is not very clear. According to TWCC Rule 133.304 (c), “...A generic statement that simply states a conclusion such as ‘Not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section...” The Requestor has submitted relevant medical documentation in accordance with TWCC Rule 133.307 (g)(A-F) to support the delivery of service as billed. Therefore, reimbursement is recommended in the amount of \$48.00.

Date of Service 4/10/03; CPT code 99214

The Requestor billed \$87.00 for the office visit of 4/10/03. The Carrier has denied reimbursement as F 2 – This charge has been reimbursed according to the appropriate fee schedule or usual and customary value. O 3 – Denial after reconsideration. Your request for reconsideration has been received and reviewed. RSKCO’s payment was made in accordance with Section 413.011 (B) of the Texas Workers’ Compensation Act. No additional payment is warranted.”

According to the TWCC 1996 Medical Fee Guideline, the MAR is \$71.00. The Carrier reimbursed \$0.00. The Requestor submitted relevant medical documentation in accordance with TWCC Rule 133.307 (g)(A-F) to support the delivery of service as billed. Therefore, reimbursement is recommended in the amount of \$71.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT codes 99213 and 99214 in the amount of \$119.00 (\$48.00 + \$71.00 = \$119.00). Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$119.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 16th day of March 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd